

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/331,261	06/18/99	435	1643	41823

APPLICANT PAUL0 CESAR PEREGRINO FERREIRA, BELO HORIZONTE, BRAZIL; ERNA GEESSIEN KROON, BELO HORIZONTE, BRAZIL; JENNER KARLISSON PIMENTA DOS REIS, BELO HORIZONTE, BRAZIL; ISABELLA BIAS FORTES FERRAZ, BELO HORIZONTE, BRAZIL; ROMULO CERQUEIRA LEITE, BELO HORIZONTE, BRAZIL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

RE

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/BR97/00083 12/19/97

RE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED BRAZIL PI 9606272-0 12/18/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> es <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>RE</u> Examiner's Initials	BRX	4	3	1

ADDRESS YOUNG & THOMPSON  
745 SOUTH 23RD STREET  
SECOND FLOOR  
ARLINGTON VA 22202  
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TITLE IMMUNOENZYMATIC ASSAY FOR THE DIAGNOSIS OF EQUINE INFECTIOUS ANEMIA VIRUS DISEASE BY USING RECOMBINANT PROTEIN (RGP90) DERIVED FROM EQUINE INFECTIOUS ANEMIA VIRUS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of tim <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,100		

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 331261 ✓  
 IA NUMBER: PCT/ BR97 / 00083 ✓  
 FAMILY NAME: PEREGRINO FERREIRA  
 GIVEN NAME: PAULO CESAR ✓  
 PRIORITY CLAIMED (Y/N): Y  
 NO BASIC FEE (Y/N): N  
 ATTORNEY DOCKET NUMBER: 41823 ✓  
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER:  
 NAME: YOUNG & THOMPSON ✓  
 STREET: 745 SOUTH 23RD STREET ✓  
 2ND FLOOR ✓  
 CITY: ARLINGTON  
 STATE/COUNTRY: VA ✓ ZIP: 22202 ✓  
 EMAIL:  
 APPLICATION TITLES:  
 IMMUNOENZYMATIC ASSAY FOR THE DIAGNOSIS OF EQUINE INFECTIOUS ANEMIA  
 VIRUS DISEASE BY USING RECOMBINANT PROTEIN (RGP90) DERIVED FROM  
 EQUINE INFECTIOUS ANEMIA VIRUS ✓

RECEIPT DATE: ✓ 06 / 18 / 99  
 IA FILING DATE: ✓ 12 / 19 / 97  
 DELAY WAIVED (Y/N): ✓ Y  
 DEMAND RECEIVED (Y/N): Y  
 PRIORITY DATE: ✓ 12 / 18 / 96  
 US DESIGNATED ONLY (Y/N): N  
 COUNTRY: BRX  
 TELEPHONE 7035212297  
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TAB TO LAST POSITION,PUSH SEND